

DECLARATION

STATE OF ILLINOIS)
) SS
COUNTY OF COOK)

I, Shawn Williams, of full age, pursuant to 28 U.S.C. § 1746, declare under penalty of perjury the following:

1. I am the plaintiff in a lawsuit against Z. D. Masonry Corp., other businesses, and Mr. Zbigniew Dziadana, assigned Case No. 07 C 6207.
2. I have personal knowledge of the information contained in this declaration and I would be prepared to testify to this information if called upon to do so.
3. I applied for work as a bricklayer with Z. D. Masonry on January 20, 2006.
4. I received my training as a bricklayer through the apprenticeship program operated by the Bricklayers union, completed classroom training in May 2004, worked as a bricklayer from June 2004 through May 2005, was laid off when the job finished and worked slowed down, and continued to receive further training after that. I received training in all aspects of bricklaying and masonry, and I also took a welding class.
5. I have continued looking for work as a bricklayer since being turned down by Z. D. Masonry, and I have also sought to obtain other employment.
6. Attached to this affidavit are copies (that I have initialed) of all W-2 statements I received for earnings in 2006 and 2007.

7. The last attachment is an invoice for work that my wife and I both did for LSW, Inc., for the period ending November 30, 2007. I have been paid for that work but the payment came in 2008 and therefore is not included in the W-2 statement for 2007.

8. All of my income in 2006 and 2007 is shown through the W-2 statements and the invoice from LSW, Inc. My wife is and has been employed as a technician for AT&T, and her income has been our family's primary support during this period.

9. Two of the W-2's are from mason contractors. Both of those jobs were finishing when I was hired, but I accepted the one day of employment each with the two bricklaying companies in the hope that I will be called when and if work picks up for them. I also worked for Local 21 on a construction project where the Union was donating work to a public school and hired out-of-work Union members to do the work.

10. In addition to the employers identified on the W-2 statements and the invoice, I have applied for work during the last two years with over 15 contractors who are identified in a booklet as members of the Mason Contractors Association, and I continue to hope that I will be called by one of them whenever work picks up. I have also applied for a number of other jobs including with the Park District and the United States Postal Service, and I am either waiting for test results or on the list for jobs with them. I have also frequently stopped at construction sites, asked if they were hiring, and asked if they would keep my name and number in case they started hiring in the future.

I have read the foregoing Declaration and swear that it is true and correct to the best of my knowledge, information, and belief.

A handwritten signature in black ink, appearing to read "Shawn Williams", is written over a horizontal line.

Shawn Williams

Date: 3/19/08

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Case 1:07-cv-06207 Document 27-3 Filed 09/24/2008 Page 2 of 12

A. CONTROL NUMBER 99946301		This information is being furnished to the Internal Revenue Service.		OMB NO. 1545-0048		1 WAGES, TIPS, OTHER COMPENSATION 5153.67		FEDERAL INCOME TAX WITHHELD 9.12	
B. EMPLOYER IDENTIFICATION NUMBER 36-3478837		D. EMPLOYEE'S SOCIAL SECURITY NUMBER 351-54-3933		3 SOCIAL SECURITY WAGES 5153.67		4 SOCIAL SECURITY TAX WITHHELD 319.53			
C. EMPLOYER'S NAME, ADDRESS, AND ZIP CODE TERMINIX INTERNATIONAL COMPANY MSB2 1103A 860 RIDGE LAKE BL MEMPHIS, TN 38120-1815				5 MEDICARE WAGES AND TIPS 5153.67		6 MEDICARE TAX WITHHELD 74.73			
E. EMPLOYEE'S FIRST NAME AND INITIAL LAST NAME SHAWN WILLIAMS 863 E. 166TH STREET SOUTH HOLLAND, IL 60473				7 SOCIAL SECURITY TIPS		8 ALLOCATED TIPS			
				9 ADVANCE EIC PAYMENT		10 DEPENDENT CARE BENEFITS			
				11 NONQUALIFIED PLANS		12 a-d			
F. EMPLOYEE'S ADDRESS AND ZIP CODE 15 STATE EMPLOYER'S STATE I.D. NO. IL 3634788370000				16 STATE WAGES, TIPS, ETC. 5153.67		17 STATE INCOME TAX 92.11		13 Statutory Employee <input type="checkbox"/> Retirement Plan <input checked="" type="checkbox"/> Third-Party Sick Pay <input type="checkbox"/>	
				18 LOCAL WAGES, TIPS, ETC.		19 LOCAL INCOME TAX		20 LOCALITY NAME	

Copy B To be filed with Employee's FEDERAL tax return
FORM W-2 Wage and Tax Statement

2006

FOLD AND TEAR ALONG PERFORATION



Visit www.irs.gov/efile for e-file details.

© CERIDIAN

W-2 AND WAGE SUMMARY

SW

QBMB22C 10/05/06

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return.		2006 OMB No. 1545-0008	
a Control number	1 Wages, tips, other comp. 1200.00	2 Federal income tax withheld 12.00	
b Employer ID no. (EIN) 36-1897250	3 Social security wages 1200.00	4 Social security tax withheld 74.40	
	5 Medicare wages and tips 1200.00	6 Medicare tax withheld 17.40	
c Employer's name, address, and ZIP code UNITED ORDER BRICKLAYERS LOCAL 21 UNITED ORDER OF BRICKLAYER LOCAL 1950 WEST 43RD STREET CHICAGO IL 60609			
d Employee's social security number 351-54-3933			
e Employee's name, address, and ZIP code Suff. SHAWN WILLIAMS 863 E. 168TH STREET SOUTH HOLLAND IL 60473-2401			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a Code See inst. for box 12	
13 Statutory employee Retirement Plan Third-party sick pay	14 Other	12b Code 12c Code 12d Code	
IL	1021-2833	1200.00	17.52
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement

Dept. of the Treasury - IRS

Printed on Recycled Paper

FORM 5209

SW

b Employer identification number 94-3286700		12a See instructions for box 12 \$		1 Wages, tips, other compensation 386.00		2 Federal income tax withheld 11.32	
b Employer name, address, and ZIP code ADECCO USA INC 309 QUADRANGLE DR BOLINGBROOK IL 60440-3409		12b \$		3 Social security wages 386.00		4 Social security tax withheld 23.93	
		12c \$		5 Medicare wages and tips 386.00		6 Medicare tax withheld 5.60	
		12d \$		7 Social security tips		8 Allocated tips	
		12e \$		9 Advance EIC payment		10 Dependent care benefits	
c Employee's first name and initial SHAWN J WILLIAMS 863 E. 166TH ST. SOUTH HOLLAND IL 60473-2401		This information is being furnished to the Internal Revenue Service.		11 Nonqualified plans		13 Statutory employee <input type="checkbox"/> Retirement plan <input type="checkbox"/> Third-party sick pay <input type="checkbox"/>	
		Copy B To Be Filed With Employee's FEDERAL Tax Return		14 Other			
		d Employee's social security number 351-54-3933					
15 State Employer's state ID number IL 943286700000		16 State wages, tips, etc. 386.00		17 State income tax 8.13		18 Local wages, tips, etc.	
				19 Local income tax		20 Locality name	

Form W-2 Wage and Tax Statement 2006

Department of the Treasury Internal Revenue Service

JW

159.60			
1 Wages, tips, other comp.	2 Fed. income tax withheld		
159.60	9.90		
3 Social security wages	4 Soc. sec. tax withheld		
159.60	2.31		
5 Medicare wages and tips	6 Medicare tax withheld		
Employer's name, address, and ZIP code Larmco Company, Inc. 20001 Blackstone Avenue Lynwood IL 60411			
Employer identification no. (EIN) 36-2736064	11 Nonqualified plans		
Employee's SSN 351-54-3933	12a		
	12b		
7 Social security tips	12c		
	12d		
8 Allocated tips	13 Statutory employee	Retirement plan	Third-party sick pay
		X	
9 Advance EIC payment	14		
10 Dependent care benefits			
Control number			
Shawn J. Williams 863 East 166th Street South Holland, IL 60473			
Employee's name, address, and ZIP code			
15 State	Employer's state ID no.	16 State wages, tips, etc.	17 State income tax
IL		159.60	2.48
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	
Form W-2 Wage and Tax Statement Copy C -- For EMPLOYEE'S RECORDS 2006 <small>This information is being furnished to the IRS. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it. 39-1908647 Internal Revenue Service</small>			

Copy B To Be Filed With Employee's Federal Tax Return		2006		OMB No. 1545-0008
a Control number	1 Wages, tips, other comp.	2 Federal income tax withheld		
9	119.71	0.99		
b Employer ID number	3 Social security wages	4 Social security tax withheld		
36-4456373	119.71	7.43		
	5 Medicare wages and tips	6 Medicare tax withheld		
	119.71	1.73		
c Employer's name, address, and ZIP code				
MASONRY EXPRESSIONS, INC. 916 SARATOGA PARKWAY SLEEPY HOLLOW IL 60118-2534				
d Employee's social security number				
351-54-3933				
e Employee's name, address, and ZIP code				
SEAN WILLIAMS 863 E. 166TH ST. SOUTH HOLLAND IL 60473				
7 Social security tips	8 Allocated tips	9 Advance EIC payment		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
IL	36-4456373	119.71	3.59	
15 State Emplr.'s state I.D. #	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement

This information is being furnished to the Internal Revenue Service.
DAA

Dept. of the Treasury -- IRS

Form **W-2 Wage and Tax Statement** 2007

a Employer's name, address, and ZIP code

Flexible Staffing Services - IL
135 N. Broadway
Melrose Park, IL 60160

b Employee's name, address, and ZIP code

Shawn Jeffery Williams
863 E. 166th St
South Holland, IL 60473

15 State	Employer's state I.D. no.	16 State wages, tips, etc.	17 State income tax	18 Local wages, tips, etc.	19 Local income tax	20 Locality name
IL	3104-5601	2,391.50	47.68			

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

Printed on Recycled Paper

OMB No. 1545-0048

Dept. of the Treasury - IRS

FORM 941

7 Social security tips	1 Wages, tips, other comp.	2 Federal income tax withheld
	2,391.50	9.71
8 Allocated tips	3 Social security wages	4 Social security tax withheld
	2,391.50	148.27
9 Advance EIC payment	5 Medicare wages and tips	6 Medicare tax withheld
	2,391.50	34.69
10 Dependent care benefits	11 Nonqualified plans	12a
12a	14 Other	12b
12b		12c
12c		12d
12d		

Suff.

13

Employer identification number (EIN)

36-4337745

Employee's social security no.

351-54-3933

SW

Copy B To Be Filed with Employee's FEDERAL Tax Return.		2007 OMB No. 1545-0008	
a Employee's SSN	1 Wages, tips, other comp. 80.00	2 Federal income tax withheld	
351-54-3933	3 Social security wages 80.00	4 Social security tax withheld 4.96	
b Employer ID no. (EIN)	5 Medicare wages and tips 80.00	6 Medicare tax withheld 1.16	
36-1897250			
c Employer's name, address, and ZIP code UNITED ORDER OF BRICKLAYER LOCAL 1950 WEST 43RD STREET CHICAGO IL 60609			
d Control number			
e Employee's name, address, and ZIP code SHAWN WILLIAMS 863 E. 166TH STREET SOUTH HOLLAND IL 60473-2401 Suff.			
7 Social security tips		8 Allocated tips	9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans	12a Code See inst. for box 12
13 Statutory employee Retirement Plan Third-party sick pay	14 Other		12b Code 12c Code 12d Code
IL	1021-2833	80.00	0.09
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.		19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement
This information is being furnished to the Internal Revenue Service.

Dept. of the Treasury - IRS

SW

☐ CORRECTED (if checked)

PAYER'S name, street address, city, state, ZIP code, and telephone no. LiveOps, Inc. 3340 Hillview Avenue Palo Alto, CA 94304		1 Rents	OMB No. 1545-0115 2007 Form 1099-MISC		Miscellaneous Income
		\$			
		2 Royalties			
PAYER'S federal identification number 65-0995388	RECIPIENT'S identification number 351-54-3933	3 Other income	4 Federal income tax withheld	Copy B For Recipient	
		\$	\$		
RECIPIENT'S name, address, and ZIP code shawn williams shawn williams 863 E. 166th st South Holland IL 60473		5 Fishing boat proceeds	6 Medical and health care payments	This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported.	
		\$	\$		
		7 Nonemployee compensation	8 Substitute payments in lieu of dividends or interest		
		792.81	\$		
Account number (see instructions)		9 Payer made direct sales of \$5,000 or more of consumer products to a buyer (recipient) for resale <input type="checkbox"/>	10 Crop insurance proceeds		
		\$	\$		
		11	12		
15a Section 409A deferrals	15b Section 409A income	13 Excess golden parachute payments	14 Gross proceeds paid to an attorney		
		\$	\$		
15a Section 409A deferrals	15b Section 409A income	16 State tax withheld	17 State/Payer's state no.	18 State income	
\$	\$	\$		\$	

Form 1099-MISC

(keep for your records)

 Department of the Treasury - Internal Revenue Service
 38-2099803

INVOICE

LSW INC
Virtual Services Corporation

11/30/2007
Period

07113010564
Invoice #

Arise
3450 Lakeside Dr., #620
Miramar, FL 33027

Application	Type	AgentID	Arise Certified Professional	Staffed Hours	Calls	ACD Minutes	Rate	Amount
Vision Care	Per Hour	287358	LaTonya Williams	40.59	0	0.00	\$8.000	\$324.72
Memo: Vision Care								
Circuit City CSV Sales	Per Hour	328390	shawn williams	55.77	0	1949.60	\$9.500	\$529.82
Memo: Shift 1								
Arise	Fee	328390	shawn williams	N/A	N/A	N/A	(\$19.750)	(\$19.75)
Memo: Service Fee								
Arise	Fee	287358	LaTonya Williams	N/A	N/A	N/A	(\$19.750)	(\$19.75)
Memo: Service Fee								
Circuit City CSV Sales	Incentive	328390	shawn williams	N/A	N/A	N/A	\$10.000	\$10.00
Memo: Circuit City Compensation								

Total Due: \$825.04

SW